

## **Prescription Limit Frequently Asked Questions**

**Q: What is the current prescription limit?**

A: The number of outpatient pharmacy prescriptions is limited to **five total drugs (including up to four brands)** per month per adult recipient.

**Q: Are any recipients excluded from this prescription limit?**

A: Children under age 21 and nursing home residents are exempt from this limit. "Group homes" are not nursing homes and are not exempt from the limit.

**Q: Are there any drugs that are exempt from the prescription limit?**

A: There are no drugs excluded from the prescription limit; however, allowances will be made for up to 10 prescriptions (brand and/or generic) per month for antipsychotics, antiretrovirals, and anti-epileptic agents. In no case can total prescriptions exceed ten per month per recipient.

**Q: Will the Three-Month Mandatory Maintenance Supply Program affect the prescription limit?**

A: The Three-Month Mandatory Maintenance Supply Program will help recipient who may be affected by the prescription limit. Since maintenance supply medications are only applied to the prescription limit in the month in which they are filled, medications may be "staggered" to allow for more than 5 ongoing prescriptions per month.

**Q: What can a recipient do if they have reached their limit for the month but need another prescription?**

A: The pharmacy can "back out" a previous, less expensive claim in that same month to allow an open "slot" for that month, and allow the patient to pay for the less expensive drug. Another alternative is the recipient may pay cash for their prescription. Another alternative is the recipient may also check various prescription assistance programs and pharmacy discount or free programs for help with their medications. A guide to patient assistance programs can be found at [http://www.medicaid.alabama.gov/documents/4.0\\_Programs/4.5\\_Pharmacy\\_Services/4.5.3\\_Contacts\\_FAQs/4.5.3\\_Patient\\_Assistance\\_Program\\_Rev.9-19-13.pdf](http://www.medicaid.alabama.gov/documents/4.0_Programs/4.5_Pharmacy_Services/4.5.3_Contacts_FAQs/4.5.3_Patient_Assistance_Program_Rev.9-19-13.pdf).

**Q: If I have received approval on a prior authorization request for a non-preferred prescription, will Medicaid cover it even if the prescription limit has been met for that month?**

A: No, a prior authorization does not allow a recipient to receive more than the allowed number of prescriptions per month.

**Q: Will prior authorization still be required for non-preferred drugs that are under the prescription limit for the month?**

A: Yes, prior authorization, max unit limitations, therapeutic duplication and early refill edits will still be in place.

**Q: Are the prescription limits for a thirty day period?**

A: The prescription limits are based on a calendar month.

- Q: When an antipsychotic, antiretroviral, or anti-epileptic drug is involved, does it matter the order in which the medications are dispensed and billed to Medicaid?**
- A: No, the claim system will recognize that the medication is classified as an antipsychotic, antiretroviral, or anti-epileptic medication in the calculation of the limit.
- Q: If a child will turn 21 on January 15th does the prescription limit apply to them for January?**
- A: No. The system recognizes a person's age the first day of the month. The limit would begin in February for this recipient.
- Q: What if a recipient is taking two strengths of the same medication?**
- A: It will count as two (2) prescriptions toward the limit.
- Q: If prescriptions are from different doctors can a recipient receive more than the allowed number of prescriptions per month?**
- A: No, the claim system will count the individual prescriptions regardless of the prescribing physician.
- Q: If prescriptions are dispensed from different pharmacies can a recipient receive more than the allowed number of prescriptions per month?**
- A: No, the claim system will count the individual prescriptions regardless of the dispensing pharmacy.
- Q: Are there any instances where Medicaid will cover more than the total allowed prescription limit per month?**
- A: There are no provisions to cover more than the total allowed prescription limit per month except for the following situation:  
Effective 10/1/13, coverage of up to ten prescriptions per month may be allowed through overrides for drugs classified as Anti-neoplastic Agents, Antiarrhythmic Agents, Cardiotonic Agents, Miscellaneous Cardiac Drugs, Central Alpha Agonists, Direct Vasodilators, Diuretics, Peripheral Adrenergic Inhibitors, Miscellaneous Hypotensive Agents, Nitrates and Nitrites, Alpha Adrenergic Blocking Agents, Beta Adrenergic Blocking Agents, Dihydropyridines, Miscellaneous Calcium Channel Blocking Agents, Angiotensin-Converting Enzyme Inhibitors, Angiotensin II Receptor Antagonists, Mineralocorticoid/ Aldosterone Receptor Antagonists, Renin Inhibitors, Hemostatics, Calcium Replacements, Electrolyte Depleters, Immunosuppressives, Alpha Glucosidase Inhibitors, Amylinomimetics, Biguanides, Dipeptidyl Peptidase-4 Inhibitors, Incretin Mimetics, Insulins, Meglitinides, Sulfonylureas, Thiazolidinediones, and Miscellaneous Diabetic Agents. Overrides will be granted only in cases in which the prescribing physician documents medical necessity for the recipient to be switched from a product in the above named classes to another product within the same therapeutic class in the same calendar month. The first product must have been covered by Medicaid.